RI SOS Filing Number: 202446452490 Date: 2/9/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

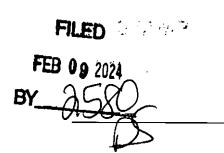
2024

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number                                      | 2. Exact name of the Limited Liability Company                              |   |                     |                      |
|--|---|---|---------------------|----------------------|
| 152345   | DAVID SILVERMAN PHOTOGRAPHY, LLC  |   |                     |                      |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |   |                     |                      |
| 541921   | TO OPERATE A PHOTOGRAPHY BUSINESS AND TO DO ANY AND ALL                     |   |                     |                      |
| 5. State of Formation                                    | OTHER ACTS OR THINGS NECESSARY THERETO                                      |   |                     |                      |
| RHODE ISLAND   |   |   |                     |                      |
| 6. Principal Office Address                              |   | City  | State               | Zip                  |
| 51 DEBBIE DRIVE  |   | CRANSTON                                    | RI                  | 02921                |
| 7. Mailing Address of Limited                            | Liability Company and Name or Tit   | le of Contact Person                        | <b>I</b>            | <u> </u>             |
| Contact Name DAVID M. SILVERMAN                          |   | Contact Title MEMBER                        |                     |                      |
| Street Address 51 DEBBIE DRIVE                           |   | CRANSTON                                    | State RI            | <sup>Zip</sup> 02921 |
| 8. The Resident Agent inform                             | nation currently of record with the Ri                                      | Department of State is accura               | te. Changes require | e filing Form 642.   |
| 9. Under penalty of perjury statements, and that all sta | , I declare and affirm that I have e<br>tements contained herein are tru    | xamined this report, including and correct. | g any accompany     | ring schedules and   |
| Name of Authorized Person                                |   |   | Date (              |                      |
| DAVID M. SILVERMA  | N .   |   | 1 215               | i b 4                |
| Signature of Authorized Pers                             | on  |   |                     | 1.                   |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov